



Benefits Enrollment Guide '18

Benefit Carrier Information

Selecthealth - Medical

www.selecthealth.org

800-538-5038

Dental Select - Dental

www.dentalselect.com

800-999-9789

Dental Select- Vision

www.dentalselect.com

800-999-9789

The Hartford- Voluntary Life

Customer Solutions Center at 800-523-2233

Intermountain Employee Assistance Plan

1-800-832-7733

1-801-442-3509

www.intermountainhealthcare.org/EAP

Flexible Spending Account- NBS

1-801-532-4000

www.NBSBenefits.com

Keyes Insurance Services, Inc. - Broker/Claims Assistance

www.keyesinsuranceservices.com

Dirk Keyes- 801-394-2600

dirk@keyesinsuranceservices.com

Toll Free: 800-331-0167

Utah State Retirement Systems

www.URS.org

1-800-695-4877





Health Plans

YOUR COST IN 2018

Despite rising health care costs and unprecedented changes resulting from health care reform, Weber County is still able to provide multiple options with little or no cost out of your check. The County will provide you with the following contributions with which to purchase one of the 4 medical plan options available.

Employee Only	\$350
Employee +1	\$815
Family	\$1000

- ANY EXCESS MONEY FROM THE COUNTIES CONTRIBUTION WILL AUTOMATICALLY BE CONTRUBITED TO YOUR H.S.A

Additionally if you enroll in one of the High Deductible Health Plan options the County will make the following contribution to your H.S.A accounts for 2018

Employee	\$ 750
Two- Party	\$1,000
Family	\$1,250

1/12 of these amounts will be deposited into your Health Equity H.S.A Accounts on a monthly basis.

Health Insurance

Traditional Plans

The following charts compares our current health benefits for the 2017 plan year.



Services	SelectMed Network		Select Value Network
	In- Network	Out of Network	In - Network
Deductible - Individual - Family	\$1,000/\$2,000	\$2,000/\$4,000	1,000/\$2,000
Out-of-pocket Maximum - Individual - Family	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000
PCP/ SCP- Physician Visit Copay	\$35/\$50	40% After Ded	\$35/\$45
Hospitalization	20% After Ded	40% After Ded	20 % After Ded
Preventive Care	100%	Not Covered	100%
Emergency Room Copay	\$300 After Ded	\$300 After Ded	\$300 After Ded
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Tier 4	\$10 \$100 Ded- \$30 \$50 \$100		\$10 \$100 Ded- \$30 \$50 \$100

Per Pay Period Cost After County Contribution

	SelectMed Plus	Value
Employee	\$42.10	\$25.20
Employee + One	\$103.45	\$63.90
Employee and Family	\$118.85	\$71.20

Health Insurance

\$2500/ \$5000 Deductible HDHP Plans



Services	SelectMed Network		Select Value Network
	In- Network	Out of Network	In -Network
Deductible - Individual - Family	\$2,500/\$5,000	\$2,750/\$5,500	\$2,500/\$5,000
Out-of-pocket Maximum - Individual - Family	\$2,500/\$5,000	\$4,000/\$8,000	\$2,500/\$5,000
PCP/ SCP- Physician Visit Copay	100% After Ded	40% After Ded	100% After Ded
Hospitalization	100% After Ded	40% After Ded	100% After Ded
Preventive Care	100%	Not Covered	100%
Emergency Room Copay	100% After Ded	\$75 After Ded	100% After Ded
Prescription Drugs - Retail - Tier 1 - Tier 2 - Tier 3 - Tier 4	After Ded 100%		After Ded 100%

Per Plan Cost After County Contribution

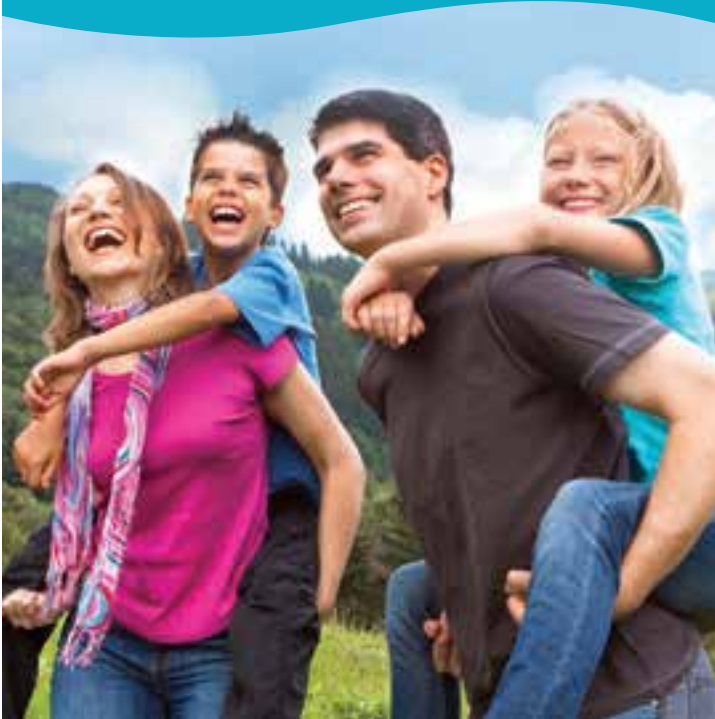
	SelectMed Plus	Value
Employee	\$13.90	-\$1.05
Employee + One	\$37.05	\$1.95
Employee and Family	\$38.40	-\$3.90



Employee Assistance Program

"Thank you for providing this service. It has really helped ease my burdens and made my life better, including my worklife!"

~ EAP CUSTOMER



Your LiVe Well Partner Offering free, confidential, and brief counseling to employees and their family members.

The LiVe Well Employee Assistance Program is your partner in living a life filled with energy, strength, and vitality. Taking care of your mental health is as essential to your wellbeing as taking care of your physical health. Rewarding relationships at home and work, effective stress management skills, and learning to thrive with life changes all improve your ability to LiVe Well.



EAP SERVICES

Counseling: Free, brief counseling for life problems such as conflict at work or with a family member, depression, anxiety, and life stress. Services are available to employees, spouses or partners, and dependent children (under 26 years old and single.)

Help for Caregivers: Information, resources, and coaching for employees who are providing assistance to a spouse or relative who is ill, disabled, or needs help with basic activities of daily living. Caregiver services can help identify medical, legal, and financial resources, as well as provide support for the emotional issues of caregiving.

Crisis Services: 24/7 telephone crisis services with a licensed mental health professional. Adverse Event Support Services are available when an unexpected trauma occurs affecting the worksite.

Website: Valuable resources for employees and family members including *Quick Tips* on common life problems, resources such as "Our Favorite Books," and a sign up for bi-monthly *LiVe Well E-Tips*. You will also find details about our office locations and staff biographies.

www.intermountainhealthcare.org/eap

CONTACT US

Call 801.442.3509 or 800.832.7733 from 8:00 a.m. – 5:00 p.m. (MST) to schedule an appointment or speak with the office staff. A crisis counselor is available by phone 24/7 at the same number.

You can also e-mail us at eap@imail.org with non-urgent questions or feedback.



YOUR HEALTHCARE

Online Tools

Whether you need to see how much a doctor billed, look up prescription costs, or learn more about your benefits, *My Health* is your source for personal plan information. *My Health* is available 24 hours a day, seven days a week at **selecthealth.org** or through our mobile app.

COVERAGE AND CLAIMS

View your plan information, claim details, Explanations of Benefits (EOBs), and sign up for paperless EOBs.

PHARMACY TOOLS

Access your pharmacy benefit information, claims, prescription history, and lower-cost drug alternative information.

ID CARDS

No worries—view and print copies of your ID Card by clicking on “Coverage” in the “Insurance” tab.

SEND SECURE MESSAGES

Send secure messages to SelectHealth® Member Services or your doctor. This is a confidential and convenient way to get your questions answered.

ACCESS MEDICAL RECORDS

Our integration with Intermountain Healthcare® gives you access to your medical records* through *My Health*. You can view lab results, medications, and imaging reports. You can also track your doctors' appointments and email questions to providers who participate in this program.

**May not be available for all providers and facilities.*



NEED MORE INFORMATION?



WEB
selecthealth.org/myhealth



PHONE
800-538-5038

REQUEST A CALL

Use our call request feature to get in touch with Member Services. You can schedule an immediate call or set a time for us to call you back.



Dental

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there are no cost for your dental benefits for 2018. The following chart outlines the dental benefits we offer.



Type of Service	Dental Plan Coverage Amount - In Network
Preventive Services	Exams, cleanings, X-rays – 100%
Deductible	Applies to basic and major services only – \$50/\$150
Basic Services	Fillings, simple extractions – 80% (After Deductible)
Major Services	Oral surgery, root canal, crowns – 50% (After Deductible)
Annual Maximum	\$3000
Orthodontia Child or Adult	50% to \$1000 lifetime maximum benefit
	Services out of network may be subject to balance billing

Per Plan Cost After County Contribution

Weber County covers the cost of the dental plan for you and your dependents.

Customer Service 1-800-999-9789
www.dentalselect.com

A vertical purple sidebar on the left side of the slide, featuring a repeating pattern of white line-art icons. The icons include a dollar sign inside a heart, a dollar bill, a group of three people, a large eye, a hand, a wheelchair, a clock, a heart with a pulse line, a group of three people, a piggy bank with a dollar sign, a dollar bill, a heart with a plus sign, a group of three people, a large eye, a wheelchair, a clock, and a heart with a pulse line.

Pre-Tax Accounts

FLEXIBLE SPENDING ACCOUNTS



Paying for health care can be stressful. That's why Weber County offers an employer-sponsored flexible spending account (FSA).

WHAT ARE THE BENEFITS OF AN FSA?

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. **If you do not use it, you lose it.** You should only contribute the amount of money you expect to pay out of pocket that year.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

HOW DO I ENROLL?

Fill out the FSA Enrollment section on Employee Navigator during Open Enrollment. Even if you signed up last year, you must re-enroll for 2018.

FSA savings example: *Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.*

	Without FSAs	With FSAs
Gross income	\$30,000	\$30,000
FSA contributions	0	-\$5,000
Gross income	\$30,000	\$25,000
Estimated taxes		
Federal tax	-\$2,550*	-\$1,776*
State tax	-\$900**	-\$750**
FICA tax	-\$2,295	-\$1,913
After-tax earnings	\$24,255	\$20,314
Eligible out-of-pocket expenses		
Medical and dependent care expenses:	-\$5,000	\$0
Remaining spendable income	\$19,255	\$20,561
Spendable income increase		\$1,306

*Assumes standard deductions and four exemptions. **Varies, assume 3 percent.

Flexible Spending Account (FSA)

Two types of FSAs

For a health FSA, start by choosing an annual election amount. This amount will be available on day one of your plan year for eligible medical expenses.

Then, payroll deductions will be made throughout the plan year to fund your account.

A dependent care FSA works differently than a health FSA. Money is only available as it is contributed and can only be used for dependent care expenses.

Both are pre-tax benefits your employer offers through a cafeteria plan. Choose one or both —whichever is right for you.

What's a cafeteria plan?

A cafeteria plan enables you to save money on group insurance, healthcare expenses, and dependent care expenses. Your contributions are deducted from your paycheck by your employer before taxes are withheld. These deductions lower your taxable income which can save you up to 35% on income taxes!

Partial List of Eligible Expenses:

- ✓ Medical/Dental/Vision Copays and deductibles
- ✓ Prescription Drugs
- ✓ Physical Therapy
- ✓ Chiropractor
- ✓ First-Aid Supplies
- ✓ Lab Fees
- ✓ Psychiatrist/Psychologist
- ✓ Vaccinations
- ✓ Dental Work/Orthodontia
- ✓ Eye Exams
- ✓ Laser Eye Surgery
- ✓ Eyeglasses, Contact Lenses, Lens Solution
- ✓ Prescribed OTC Medications

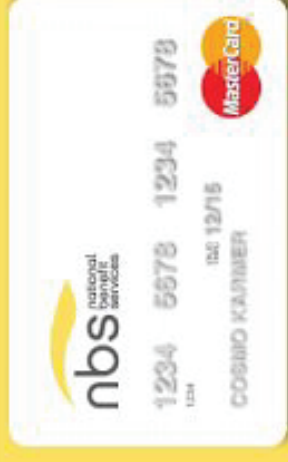


Enrollment Considerations

After the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying "change of status" (e.g. marriage, divorce, employment change, dependent change).

Be conservative in the total amount you elect to avoid forfeiting money at the end of the plan year.

How to Spend



Spending is easy

Our convenient NBS Benefits Card allows you to avoid out-of-pocket expenses, cumbersome claim forms and reimbursement delays. Or you may also utilize the "pay a provider" option on our web portal.

Account access is easy

Get account information from our easy-to-use online portal and mobile app. See your account balance, contributions and account history in real time.

What if I don't use it all?

Because an FSA is a planning tool with great tax benefits, you must use the account balance in its entirety before the end of the plan year or it will be forfeited. This is known as the "use-it-or-lose-it" rule.

Your employer may offer a grace period or a \$500 rollover to help if you miss the mark a little bit. *Just make sure to plan carefully when you enroll.*

HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year- to -year and is yours to keep, even if you leave Weber County.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is Adjustable.** You have flexibility on the amount you want to contribute, up to the allowable yearly limit. You can change or adjust your contribution anytime during the year.
- **It is Another Way to Invest** – Once your account balance reaches the amount determined by Health Equity, you have the option to invest your money in several investment options.
- **Save for Medical Expenses-** The money you save can be used now, and into retirement to pay for out of pocket medical expenses.

The maximum amount that you can contribute to an HSA in 2018, it is \$3,400 for individual coverage and \$6,750 for family coverage.

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

For more information visit www.healthequity.com



Vision

VISION INSURANCE

Weber County's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider Directory, your benefits include:



Type of Service	Benefit- In Network 10-120 plan
Eye Exam	\$10 Co-Pay
Standard Lenses	\$10 Co-Pay
Lens Options	\$15-\$65 Co-Pay
Frames	\$140 Allowance
Frequency	Exams, Lenses, Frames, Contact – Once every 12 month

Cost per pay period

Employee	\$2.75
Two-Party	\$5.23
Family	\$7.70

Customer Service 1-800-999-9789

www.dentalselect.com



Life Insurance

VOLUNTARY LIFE INSURANCE

Weber County offers group supplemental life insurance for you and your dependents. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through bi-weekly payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments. The minimum coverage level is \$10,000 and the maximum is \$300,000.

Guarantee Issue:

If you enroll within 30 days of becoming eligible then you qualify for the Guaranteed Issue amount. This means you can purchase up to this amount without having to prove good health.

Employee Up to \$250,000

Spouse Up to \$ 50,000

Children Up to \$ 10,000

The chart below outlines the monthly costs of purchasing additional coverage.



Monthly Cost for Every \$1,000 of Employee and Spouse Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
	\$.072	\$.072	\$.100	\$.138	\$.245	\$.358	\$.509	\$.813	\$1.802	\$3.775
Dependent Children										
Amount	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
Cost-monthly	\$.25	\$.50	\$.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50

Premium Calculation:

$$\frac{\text{Amount}}{\text{Div by } \$1,000} = \frac{\text{Rate}}{\text{X}} = \$ \text{Monthly Cost}$$

VOLUNTARY ACCIDENT

What is accident insurance? Accident insurance offers financial protection by paying a cash benefit if you or an insured dependent are unexpectedly injured in a covered accident. This coverage is offered by your employer which you pay for through convenient deductions from your paycheck. The benefits are paid in lump sum amounts to you (or your beneficiary), and can be used to help pay for health care expenses not covered by your major medical insurance, help replace income lost while not working, or however you choose. This highlight sheet is an overview of your accident insurance. A certificate of insurance will be available after you enroll to explain your coverage in detail.

Who is eligible? You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis and are less than age 80. Your spouse's eligibility is based upon your age, and your dependent child(ren) must be under age 26 to be eligible.

What is covered? This insurance provides benefits for medical treatment and services related to accidental injuries. Benefits for specific types of injuries and catastrophic injuries (including accidental death) are also available. Please refer to the benefits table on the following page for more detailed plan information.

subject to any plan limitations and exclusions



Type of Service	Benefit	Type of Service	Benefit
Daily Hospital Confinement	\$200- Per day up to 365 days lifetime	Ambulance Air	\$900 Once per accident
Emergency room	\$150 -once per accident	Chiropractic Care	\$25 per visit up to 10 visits
Fractured forearm	\$1000- Radius or Ulna	Abdominal Surgery	\$1500- Once per accident
Fracture Ankle	\$1000- Once per bone/ accident	Burn- 3rd Degree	Up to \$10,000
Ambulance- ground	\$300 - Once per accident	Knee Cartilage repair	Up to \$750
Dislocated Shoulder	\$1000- Once Per Joint/ Lifetime	Fractured Collarbone	\$1000- Once Per bone/ accident
Urgent Care	\$75 Once per accident	Fractured Wrist	\$1000- Once Per bone/ accident
Arthroscopic Surgery	\$300 within 90 days of accident	Accidental Death	\$30,000 (employee)
Emergency Dental-Crown	\$300 One with in 90 days	Loss of site both eyes	\$30,000- within 90 days

Full Schedule of Benefits Available Through HR

Cost per pay period

Employee	\$4.04
EE + Spouse	\$6.35
EE+ Child(ren)	\$6.67
Family	\$10.51

VOLUNTARY CRITICAL ILLNESS



What is critical illness insurance? Critical illness insurance is coverage offered by your employer which you pay for through convenient deductions from your paycheck. It can assist you financially if you or a covered dependent are ever diagnosed with a covered critical illness (shown below).

The benefits are paid in lump sum amounts and can serve as a source of cash to use as you wish, whether to help pay for health care expenses not covered by your major medical insurance, help replace income lost while not working, or however you choose. This highlight sheet is an overview of your critical illness insurance. A certificate of insurance will be available after you enroll to explain your coverage in detail.

Who is eligible? You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis, and are less than age 80. Your spouse's eligibility is based upon your age, and your dependent child(ren) must be under age 26 to be eligible.

How much coverage can I purchase?

You may enroll for \$5,000, \$10,000, \$20,000, or \$30,000 in coverage. You may also enroll your dependent(s) for the following amounts of coverage:

- Spouse: 50% of your elected coverage amount
- Child(ren): \$5,000

A benefit reduction of 50% will apply to the coverage amount for you and your dependent(s) when you reach the age of 70.

Am I guaranteed coverage? During designated enrollment periods, this coverage is offered without having to provide information about your health for coverage amounts up to \$30,000. This is called "guaranteed issue (GI)" coverage – all you have to do is check the box to enroll and become insured. All amounts of dependent coverage are guaranteed issue.

How many times will the policy pay? This insurance will pay a benefit multiple times, in the unfortunate event you or a dependent are diagnosed with more than one covered illness. The total amount of benefits payable for covered illnesses for each covered person under the policy is subject to a maximum, as follows:

- You – 500% of the coverage amount
- Spouse – 500% of the coverage amount
- Child(ren) – 300% of the coverage amount

If the benefits paid for a dependent reach the coverage maximum, coverage for the dependent will end. If the benefits paid for you reach the coverage maximum, coverage for you and your dependent(s) will end.

What illnesses are covered? This insurance will pay a lump sum benefit if you or a dependent are diagnosed with any of the following covered illnesses while insurance is in effect, subject to any pre-existing condition limitation.

Cancer Conditions

Invasive Cancer; Benign Brain Tumor; Non-Invasive Cancer

Vascular Conditions

Heart Attack; Heart Transplant; Stroke; Coronary Artery Bypass Graft; Angioplasty/Stent;

Other Specified Conditions

Major Organ Transplant; End Stage Renal Failure; Coma; Paralysis; Loss of Vision; Loss of Hearing; Loss of Speech

subject to any plan limitations and exclusions

Critical Illness Cost

Attained Age <u>Per Pay Period</u> Premium for \$30,000 Coverage Amount				
Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$4.72	\$7.32	\$6.16	\$9.00
25-29	\$5.87	\$9.03	\$7.21	\$10.59
30-34	\$6.60	\$10.17	\$7.80	\$11.53
35-39	\$8.60	\$13.11	\$9.65	\$14.34
40-44	\$12.21	\$18.63	\$13.18	\$19.76
45-49	\$19.23	\$27.47	\$20.18	\$30.57
50-54	\$26.98	\$41.50	\$27.91	\$42.57
55-59	\$37.05	\$57.16	\$37.97	\$58.23
60-64	\$52.42	\$80.98	\$53.33	\$82.04
65-69	\$71.84	\$110.57	\$72.74	\$111.62
70-74	\$48.02	\$74.00	\$48.70	\$74.79
75-79	\$62.62	\$96.17	\$63.30	\$98.46

VOLUNTARY SHORT TERM DISABILITY

Disability insurance is critical in protecting your income should you become disabled due to injury or illness. Weber County offers group Long Term Disability through PEHP at no cost to you. Long Term Disability can protect your income in the event you are disabled due to accident or illness and can provide coverage to bridge the gap to until your retirement. Short Term Disability can provide you coverage for the time between when you become disabled up to the time when the PEHP benefits start.



Type of Service	Benefit
Benefit Schedule	66 2/3 of Weekly earnings
Maximum weekly benefit	\$1700
Benefit start	Benefits start the 8 th day after becoming disabled
Benefit duration	12 weeks

The chart below outlines the monthly costs of purchasing additional coverage.

Monthly Cost for Every \$10 of weekly benefit										
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
	\$.545	\$.62	\$.675	\$.469	\$.405	\$.451	\$.537	\$.702	\$.846	\$.922

Premium Calculation:

$$\frac{\text{Monthly Salary}}{\text{Div. by 10}} \times \text{rate} = \frac{\text{annual salary}}{\text{(Above)}} \times \text{rate} = \$ \frac{\text{Monthly cost}}{\text{Monthly cost}}$$

$$\frac{\text{Monthly Salary}}{\text{Div. by 10}} \times 12 = \text{annual salary} \quad \text{Div. by 52} = \frac{\text{Weekly salary}}{\text{Weekly salary}} \times .6666 = \frac{\text{Weekly benefit}}{\text{Weekly benefit}}$$

Enrolling Through



- Watch for an email inviting you to enroll
- Click on the enrollment link in the email

From: Employee Navigator [<mailto:noreply@employeenavigator.com>]
Sent: Tuesday, August 15, 2017 9:56 AM
To: dirk@keyesinsuranceservices.com
Subject: New Hire Benefit Enrollment

Dear Dirk Keyes,

Congratulations on your new position with Weber County! You can now begin the new hire enrollment process by accessing this [Registration](#) link. You are required to complete the enrollment process even if you are declining benefits. Enrollment must be completed immediately or you may not be able to enroll until our next Open Enrollment.

During the registration process you will be required to enter personal identifying data as well as the following **company identifier: webco**.

Please direct any questions about enrollment or benefits to your HR administrator.

Thank you,
Weber County

This is an automatic email. Please do not reply.

- Input your information, including all your dependents information
- Review and Select your benefits for 2018

The screenshot shows the Employee Navigator web portal. At the top, there's a navigation bar with links: DEMO EMP, PROFILE, BENEFITS, REQUIRED TASKS, and RESOURCES. On the left, a sidebar menu includes PROFILE, BENEFITS (with a sub-menu for Medical), FORMS, and SUMMARY. The main content area is titled "Medical" and contains a "Who am I enrolling?" section with a "Myself" selection. Below that is a "Which plan do I want?" section. It lists three plans for 2018: "2018: Select MED Signature 1000/2000" with a cost of \$42.10, "2018 Select Value Signature 1000/2000" with a cost of \$25.20, and "2018 Select MED Healthsave 2500/5000". Each plan card shows the cost per pay period, the effective date (01/01/18), and buttons for "select plan", "compare", and "details". On the right side, there's a "MY SELECTIONS" section showing "Open Enrollment: No election yet" and "Current: No election on file". Below that is a "HELPFUL RESOURCES" section with links to "Select Value Healthsave 2500", "Select Value Signature", "SelectMed Healthsave 2500", and "SelectMed Signature".

- Confirm your enrollment and submit
- Print off a copy of your enrollment confirmation for your records

A decorative vertical bar on the left side of the page, featuring a purple-to-white gradient. It contains various white line-art icons related to health, finance, and aging, including a heart with a dollar sign, a group of people, an eye, a clock, a wheelchair, a heart with a plus sign, a piggy bank with a dollar sign, a heart with a dollar sign, a group of people, an eye, a clock, a wheelchair, and a heart with a plus sign.

Retirement

The background of the page is a light purple gradient with a vertical purple bar on the left. Overlaid on this are various white line-art icons. These include a dollar sign, a group of three people, a magnifying glass, a heart with a pulse line, a piggy bank, a heart with a cross, a wheelchair, and a clock. The icons are scattered across the page, with some appearing larger and more prominent than others.

Retirement Plan

Saving for retirement may be the most important financial decision you make. Weber County offers retirement plans through the Utah Retirement Systems (URS).

Depending on your hire date, you will either be placed in Tier 1 or Tier 2 plans. If you have qualified years of service with Weber County or other Utah public entities who participate in the Utah Retirement System (URS) prior to July 1, 2011, you are part of the Tier 1 plan. If you were hired on or after July 1, 2011, you are in the Tier 2 plan.

Both Tier 1 and Tier 2 plans provide a Pension Plan offering, as well as, the option to invest in other tax-deferred and tax savings options:

- » 401(K)
- » 457
- » Roth IRA
- » Traditional IRA

For complete details on the plans available contact Human Resources at 801-399-8623, or visit www.urs.org or call URS at 801-366-7700

Individual Counseling

If you would like one-on-one counseling about your URS benefits and retiring, call to schedule an appointment. Appointments are taken between 9 a.m. and 4 p.m., Monday - Friday.

Salt Lake City Office

560 East 200 South, Suite 240

Salt Lake City, UT 84102

801-366-7700

800-695-4877

TTY 800-877-8339 or 711

Notice of Employee Rights

HIPAA PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding this federal regulation, please speak with your Human Resources department.

Women's Health & Cancer Rights Act Annual Notice (WHCRA)

Did you know that your medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

Call your Plan Administrator for more information

COBRA Rights

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), federal laws makes it possible for certain employees and their eligible dependents to continue participation in health care plans if coverage would have otherwise been terminated.

Newborns' and Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act of 1996 (NHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and HMOs may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission. Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your deliver or show that the 48-hour (or 96-hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours)

Please contact your Human Resources Department for detailed information on these federal laws.

CHIP Notice

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free of Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan-as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may also be eligible for assistance paying your employer health plan premiums. Contact your State for further information on eligibility.